

5-31-2017

Lost in Translation: A Standardized, Interdepartmental Approach to Improve the Safety of Inpatient Transitions of Care

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Recommended Citation

Greco, MD, Allison; Brown, MD, Andrew; Lohr, MD, Kristin; Babula, MD, Bracken; and Jaffe, MD, Rebecca C., "Lost in Translation: A Standardized, Interdepartmental Approach to Improve the Safety of Inpatient Transitions of Care" (2017). *House Staff Quality Improvement and Patient Safety Conference (2016-2019)*. Poster 30.

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Lost in Translation: A Standardized, Interdepartmental Approach to Improve the Safety of Inpatient Transitions of Care

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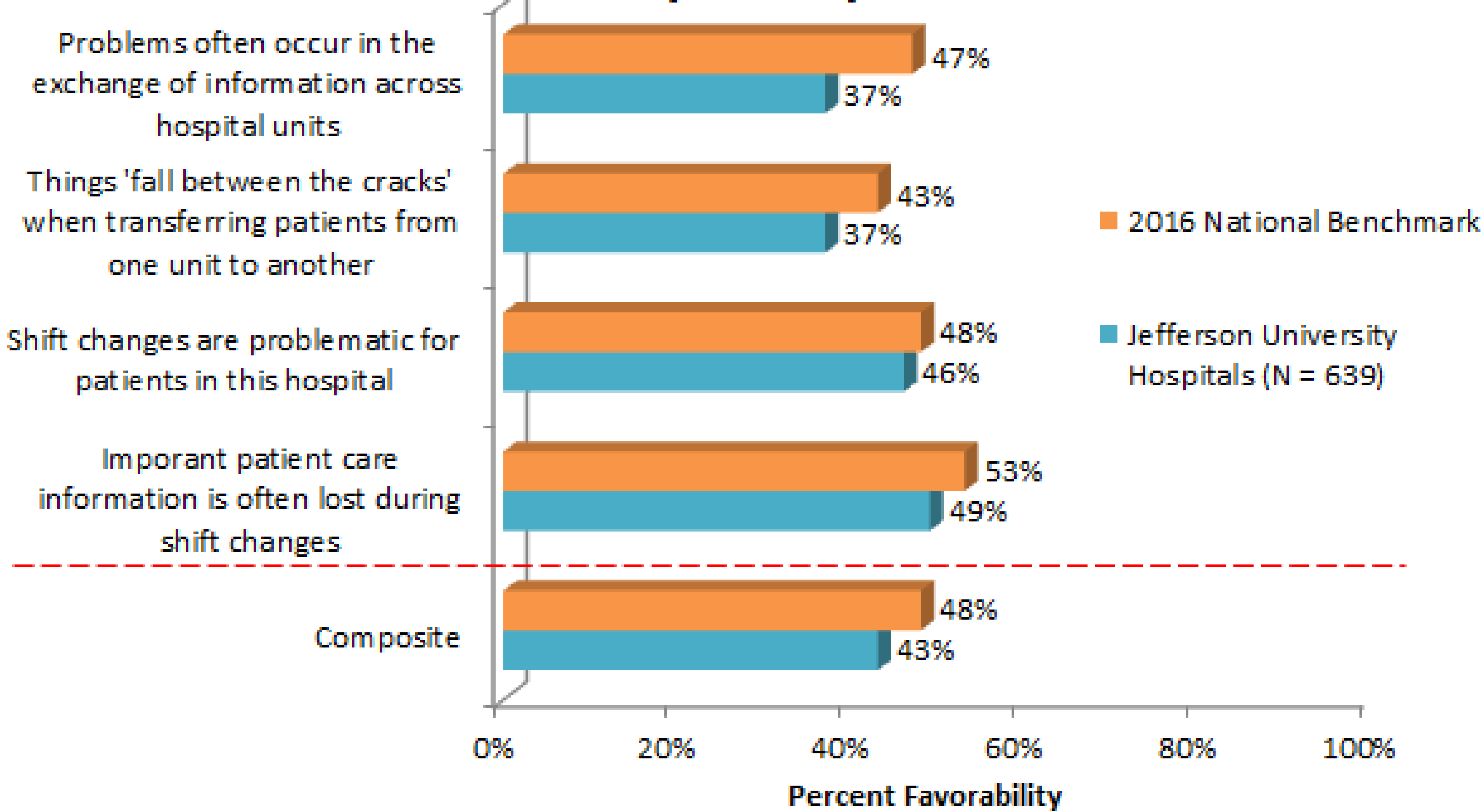
INTRODUCTION

Handoffs and transitions of care were identified by the 2016 institutional safety survey as a potential area for improvement at Jefferson.

The Agency for Healthcare Research and Quality Hospital Survey on Patient Safety Culture (AHRQ HSOPS) was administered to 869 housestaff at Jefferson. Of 639 respondents, only 43% viewed handoffs and transitions favorably.

This area also represents an area of concern nationally, as the national benchmark for perceived favorability regarding transitions of care is only 48%.

2016 Hospital Survey on Patient Safety Culture (HSOPS)



The Housestaff Quality and Safety Council, (HQSLC), a group of 30 residents from 15 departments, performed a fishbone analysis to identify factors that contribute to the perception that transitions of care are unsafe. This analysis revealed that lack of standardization in handoffs contributes substantially to unsafe transitions of care.

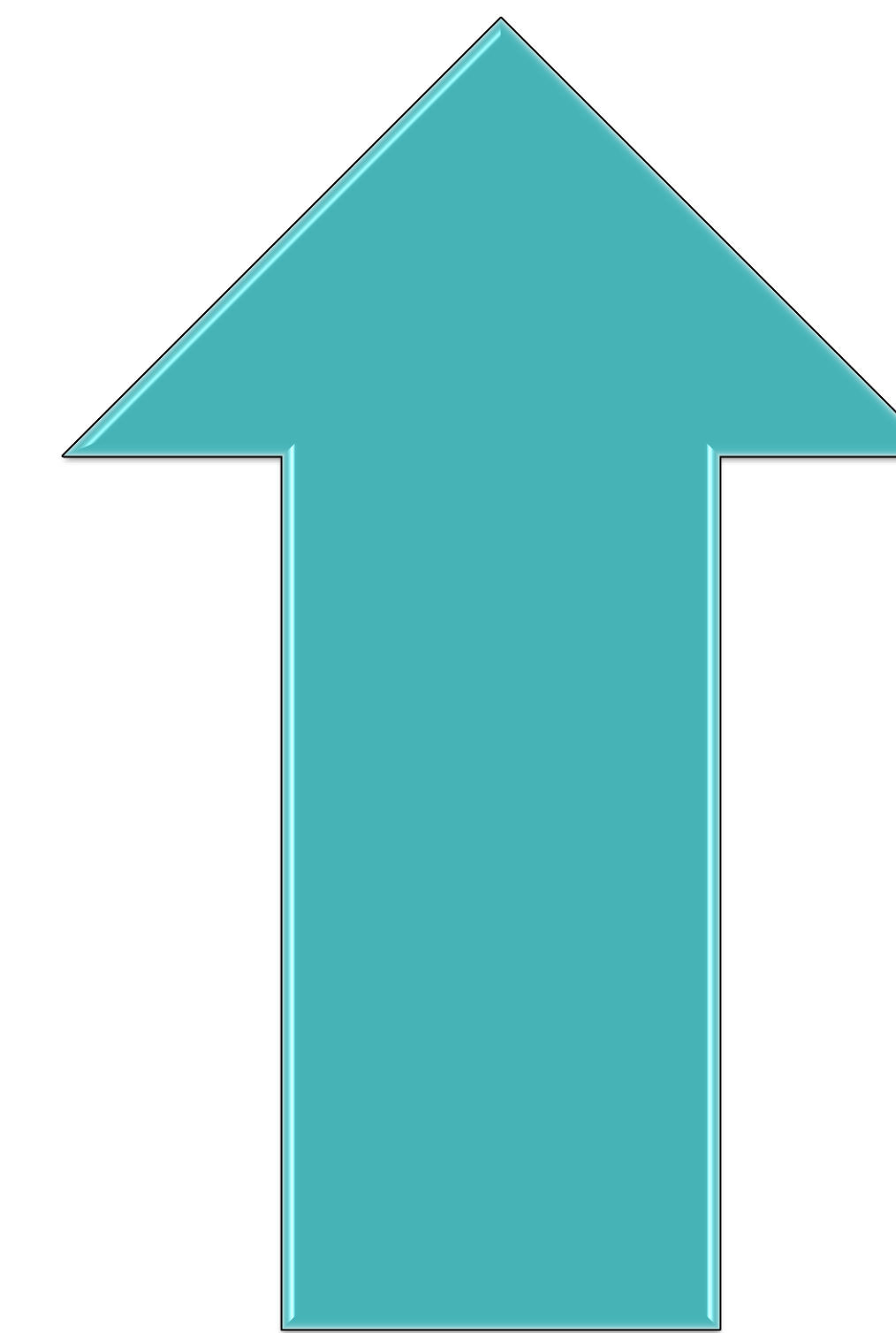
MODEL FOR CHANGE



AIMS

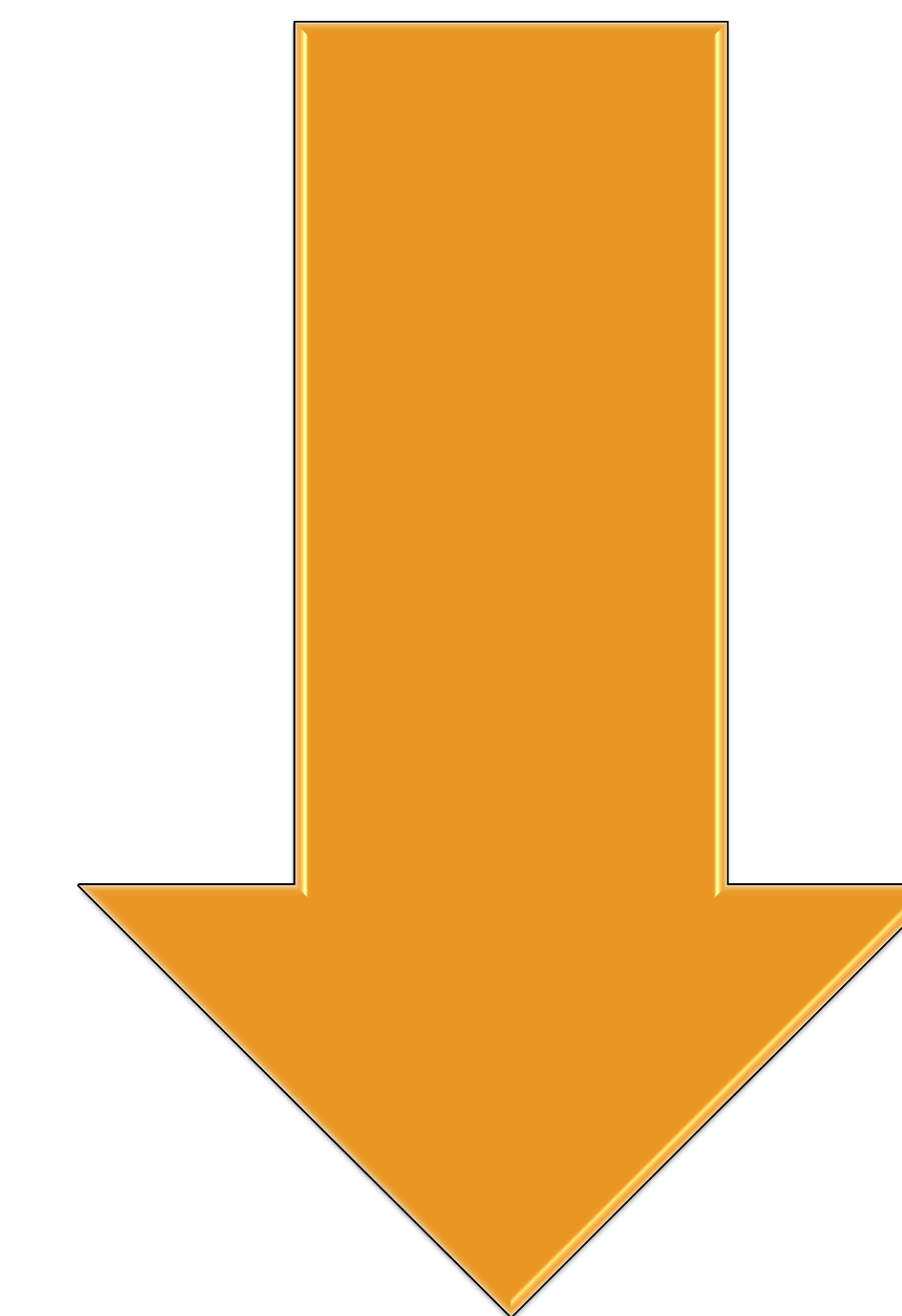
- During the 2016-2017 academic year physician perception of favorability regarding inpatient interunit handoffs will meet the national HSOPS benchmark without negatively impacting patient bed flow.
- All ACGME training programs at Thomas Jefferson University Hospital will expose their new trainees to standardized handoff training during orientation in June 2017 as well as adapt a framework for monitoring trainee compliance and proficiency.

DISCUSSION



Successes

- We piloted two separate efforts to standardize the transition of care process and handoff content.
- Resident and faculty champions were identified within each department.
- Training of standardized handoff content at the time of housestaff orientation.



Challenges

- A resident-run initiative lacked the authority to influence changes in bed flow and information technology.
- Pace of change and faculty involvement level varies between units and departments.
- Change is quickly extinguished without consistent reinforcement from faculty and senior housestaff.

FUTURE DIRECTIONS

